

CLAIMS ONLY							Application Number <b>10500598</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total											
Indep	1										
Total											
Depend	14										
Total											
Claims	15										